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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SLENDE	(Name of Limited Liability Company)
The enclosed Articles of Dissolution and t	fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
(T)	IUSEPPI CASPARA
	(Name of Person)
	(Firm/Company)
. 7	08 PALMETTO ST (Address)
	(Address)
NEW	SMYRNA BEACH, FL 32168
	(City/State and Zip Code)
For further information concerning this ma	atter, please call:
(Name of Person	AS PARA at (269) 366-9499 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee and Certificate of	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
MAILING ADDRI	
Registration Section Division of Corpora	
DIVISION OF COMOUS	ations Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	limited liability company is ender Smoothie Station	LLC				
2. The Articles of document num	Organization were filed on 10/ ber L13000144599	14/13	and assigned			
3. The delayed effective date the dissolution if not effective on the date of filing:						
4. A description of 605.0707, Flori	of occurrence that resulted in the da Statutes, (copy 605.0707 on b dissolution	limited liability company's dis ack cover letter).	•			
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Giuseppi Caspara						
		708 Palmetto St New Smyrna Beach, FL 32168				
6. Signature of ar above to wind up	authorized person or if there are the company's activities and affa	no members, the signature of	the person appointed and listed			
	Signature	Printed	Name			
		Giuseppi Caspar	a			
	FIL	ING FEE: \$25.00				